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To: Examiner Matthew John Kasztejna
Art Unit: 3739

From: Thomas Spinelli, Esq.
Registration No.: 39,533

Fax: 571-273-8300

Pages: 17

Phone: 571-272-6086

Date: June 20, 2006

Re: USSN: 10/823,832
Our Docket: 17640

CC:

RESPONSE UNDER 37 C.F.R. § 1.116

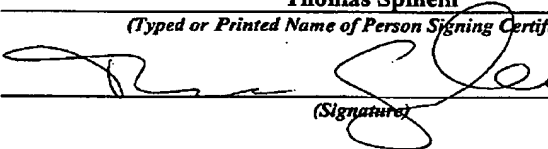
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1. Response Under 37 C.F.R. § 1.116 W/Transmittal in Duplicate
2. Certificate of Facsimile Transmission


Applicants: Masatoshi Homan, et al.
Serial No.: 10/823,832
For: CAPSULE ENDOSCOPE APARATUS
Filed: April 14, 2004
Docket: 17640
Dated: June 20, 2006
TS:cm

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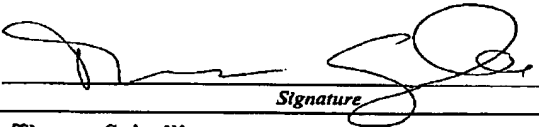
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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 17640
Applicant(s): Masatoshi Homan et al.			
Application No. 10/823,832	Filing Date April 14, 2004	Examiner Matthew John Kasztejna	Group Art Unit 3739
Invention: CAPSULE ENDOSCOPE APPARATUS			
Confirmation No.: 5643		RECEIVED CENTRAL FAX CENTER JUN 20 2006	
<p>I hereby certify that this <u> RESPONSE UNDER 37 C.F.R. 1.116 </u> <i>(Identify type of correspondence)</i></p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)</p> <p>on <u>June 20, 2006</u> <i>(Date)</i></p> <div style="text-align: right; margin-top: 20px;"><u>Thomas Spinelli</u> <i>(Typed or Printed Name of Person Signing Certificate)</i>  <i>(Signature)</i></div> <p style="text-align: center; margin-top: 40px;">Note: Each paper must have its own certificate of mailing.</p>			

P18/REV02

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 17640	
Applicant(s): Masatoshi Homan et al.						
Application No. 10/823,832	Filing Date April 14, 2004	Examiner Matthew John Kasztejna	Customer No. 23389	Group Art Unit 3739	Confirmation No. 5643	
Invention: CAPSULE ENDOSCOPE APPARATUS						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	22 -	22 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	10 -	10 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card, Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 _____ Signature			Dated: June 20, 2006			
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P11LARGE/REV09

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 17640	
Applicant(s): Masatoshi Homan et al.						
Application No. 10/823,832	Filing Date April 14, 2004	Examiner Matthew John Kasztejna	Customer No. 23389	Group Art Unit 3739	Confirmation No. 5643	
Invention: CAPSULE ENDOSCOPE APPARATUS						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
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INDEP. CLAIMS	10 -	10 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Signature Thomas Spinelli Registration No.: 39,533			Dated: June 20, 2006			
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P11LARGE/REV09

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§1.116 EXPEDITED PROCEDURE
EXAMINING GROUP 2784****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants:	Masatoshi Homan et al.	Examiner:	Matthew John Kasztejna
Serial No:	10/823,832	Art Unit:	3739
Filed:	April 14, 2004	Docket:	17640
For:	CAPSULE ENDOSCOPE APPARATUS	Dated:	June 20, 2006
Conf. No.:	5643		

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RESPONSE UNDER 37 C.F.R. § 1.116

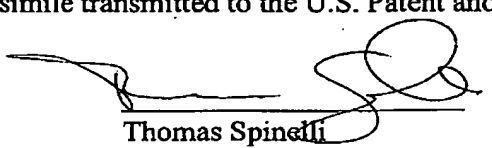
Sir:

In response to the Final Official Action dated March 20, 2006, Applicants respectfully request reconsideration of the above-identified application in light of the following amendments and remarks:

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the U.S. Patent and Trademark Office on the date set forth below.

Dated: June 20, 2006


Thomas Spindelli

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